FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR

NIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

DER: 3235-0076

107048942

Date Received

11//				
Name of Offering (check if this is a Boston MicroHoldics, Inc Offer and	n amendment and name has char	iged, and indicate chang	ge.)	12450
· · · · · · · · · · · · · · · · · · ·				
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505	□ Rule 506 □	Section 4(6) □ U	JLOE "
Type of Filing: ☑ New Filing ☐	Amendment			
	A. BASIC IDENTIFI	CATION DATA		
1. Enter the information requested about t	he issuer			
Name of Issuer (Check if this is an ar	nendment and name has changed	d, and indicate change.)		
Boston Microfluidics, Inc.				
Address of Executive Offices	(Number and Street,	City, State, Zip Code)	Telephone Numb	er (Including Area Code)
72 Gardner Street, Apt. D2, Allston, MA	A 02134		585-339-8582	
Address of Principal Business Operations	(Number and Street,	City, State, Zip Code)	Telephone Numb	er (Including Area Code)
(if different from Executive Offices)				00=00=
			<u> </u>	OCESSED.
Brief Description of Business				OFFICE
Microfluidic diagnostics.			А	PR 0:4 2007 D
-				£ 12001
T CD : O : C				THOMSON
Type of Business Organization			al (1	
□ corporation □	☐ limited partnership, already		other (please specify	
□ business trust	☐ limited partnership, to be for	rmed Li	mited Liability Comp	pany
•		Month Ye	ar	
		0 8 0	5	
Actual or Estimated Date of Incorporation	•	0 1 11 14 6	— ⊠ Actual	☐ Estimated
Jurisdiction of Incorporation or Organizati	•		r State:	E E
	CN for Canada; FN for other	er toreign jurisaiction)		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6/99) 1 of 8

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:

 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner			☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				
Johnson, Brandon T.					
Business or Residence Address	(Numb	er and Street, City, State, Z	Zip Code)		
72 Gardner Street, Apt. D2, Alls	ton, MA 02134				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)	•			
Baggett, David					
Business or Residence Address	(Numb	er and Street, City, State, 2	Lip Code)		
14 Whitridge Road, Natick, MA	01760				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				Wanaging Lattice
Business or Residence Address	(Numb	er and Street, City, State, 2	Lip Code)		
					•
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				,
Designation Designation Address	Al		Co Co do		
Business or Residence Address	(Numo	er and Street, City, State, 2	ip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
Full Name (I and a second field of	P. January				Managing Partner
Full Name (Last name first, if ind	iividuai)				
Business or Residence Address	(Numb	er and Street, City, State, Z	Lip Code)		
	(,,,,			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				7.1d.1dB.1.6 1 d.1.1.41
Business or Residence Address	(Numb	er and Street, City, State, Z	Cip Code)		-
· · · · · · · · · · · · · · · · · · ·	_				
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	□Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				
Business or Residence Address	(Numb	er and Street, City, State, Z	Cip Code)		
					•

B. INFORM	IA HUN A	BOOT OF	FERING								Yes]	No
1. Has the issuer sold, or does the issuer intend to sell, to non accredited investors in this offering?										⊠		
			Ans	, i. wer also in	Appendix,	Column 2,	if filing und			•		
2. What is th	e minimum	investmen	t that will h	e accented	from any ir	ndividual?	_				\$ N/A	
2. What is the minimum investment that will be accepted from any individual?										No		
3. Does the	offering per	mit joint ov	vnership of	a single un	it?	••••••						
4. Enter the remuneration agent of a bropersons to be Full Name (L	for solicita oker or deal listed are a	tion of pure er registere ssociated p	chasers in c d with the S ersons of si	onnection v SEC and/or	with sales of with a state	f securities or states, l	in the offer	ing. If a pe e of the bro	rson to be l ker or deale	isted is an er. If more	associated than five	i person or
-												
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)						
Name of Ass	ociated Bro	ker or Deal	er					<u></u>	···			
States in Wh												
· ·	All State" o			•								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	(ID)
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] Full Name (L	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)				<u></u>		
Name of Ass	ociated Bro	ker or Deal	er			·						
States in Whi	ich Person I All State" o									····		4 II C4-4
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	U / [HI]	All States [ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	ונאן	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	(TX)	ເບກ	[VT]	[VA]	[WA]	[WV]	[WI]	įwyj	[PR]
Full Name (L				()	,							[]
Business or F	Residence A	ddress (Nu	mber and S	treet. City	State. Zin C	Code)						
				,,	,,	,						
Name of Ass	ociated Bro	ker or Deal	er									
States in Whi	ch Person I All State" o											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	(IA)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RII	ISCI	tspi	(TN)	(TY)	n m	(VT)	(VA)	[WA]	IWVI	IWII	ושעו	(PR1

ı

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

and already exchanged. Type of Security Debt),)00
Equity \$\frac{115,200.00}{\text{S115,200.00}}\$\$\frac{115,200.00}{\text{S115,200.00}}\$\$\frac{115,200.00}{\text{S115,200.00}}\$\$\frac{115,200.00}{\text{SN/A}}\$\$\frac{115,200.00}{\text{SN/A}}\$\$\frac{115,200.00}{\text{SN/A}}\$\$\frac{115,200.00}{\text{SN/A}}\$\$\frac{115,200.00}{\text{S115,200.00}}\$\$\$\frac{115,200.00}{\text{S115,200.00}}\$\$\$\frac{115,200.00}{\text{S115,200.00}}\$\$\$\frac{115,200.00}{\text{S115,200.00}}\$\$\$\frac{115,200.00}{\text{S115,200.00}}\$\$\$\frac{115,200.00}{\text{S115,200.00}}\$\$\$\frac{115,200.00}{\text{S115,200.00}}\$\$\$\frac{115,200.00}{\text{S115,200.00}}\$\$\$\$\frac{115,200.00}{\text{S115,200.00}}\$\$\$\$\frac{115,200.00}{\text{S115,200.00}}\$\$\$\$\frac{115,200.00}{\text{S115,200.00}}\$),00 gate
Convertible Securities (including warrants)	
Convertible Securities (including warrants)	
Partnership Interests \$ N/A \$ N/A Other (Specify) \$ N/A \$ N/A Total \$ 115,200.00 \$ 115,200 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number	
Other (Specify)),00 gate
Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." \$\frac{115,200.00}{15,200}\$ \$\frac{115,200.00}{15,200),00 gate
Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggre Number	gate
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number	
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number	
Investors of Purc	nases
Accredited Investors	00,0
Non-accredited Investors N/A \$ N/A	_
Total (for filings under Rule 504 only)	
Answer also in Appendix, Column 4, if filing under ULOE.	
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	
Type of offering Type of Dollar A Security Sold	
Rule 505	
Regulation A N/A \$ N/A	—
Rule 504	_
Total	
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	
Transfer Agent's Fees	
Printing and Engraving Costs	
Legal Fees	
Accounting Fees	
Engineering Fees	
Sales Commissions (specify finders' fees separately)	
Other Expenses (identify) filing fees S \$250	
Total ⊠ \$ <u>5.25</u>)

	1 and total expenses furnished in respons	te offering price given in response to Part C - Question to Part C - Question 4.a. This difference is the		s 109 950	<u>) </u>	,
	used for each of the purposes shown. If the estimate and check the box to the left of the	ross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.		Payments to		
				Officers, Directors, & Affiliates	1	Payments To Others
	Salaries and fees			s		\$ N/A
	Purchase of real estate			S		\$_N/A
	Purchase, rental or leasing and installati	on of machinery and equipment		s		\$ <u>N/A</u>
	Construction or leasing of plant building	gs and facilities		S		\$ <u>N/A</u>
	offering that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another	_	s	_	\$_N/A
	Repayment of indebtedness	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		S		\$_N/A
	Working Capital		0	s	_62	s 109 950
	Other (specify):			\$		\$ N/A
			D	s		\$_N/A
	Column Totals			\$	_⊠	s 109, 950
						•
	Total Payments Listed (Column totals a	ided)	•	⊠ \$_	<u>ত্</u> য	950
_		D. FEDERAL SIGNATURE				
	ollowing signature constitutes an undertaking	ned by the undersigned duly authorized person. If this not ng by the issuer to furnish to the U.S. Securities and Excha issuer to any non-agcredited investor pursuant to paragraph	nge (Commission, up	e 50 on v	5, the vritten request
Iss	er (Print or Type)	Signature //		Date	_	
Во	ston Microfluidics, Inc.	Refer AUT		3/		7/07
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
Br	ndon T. Johnson	President				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

